Written Protocols to Strengthen Relationships and Improve Coordination Between Community Centered Boards (CCBs) and Regional Care Collaborative Organizations (RCCOs)

Intent

The protocols are designed to be bi-directional and collaborative. They are relevant to the Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees (the Demonstration) and may be useful to the Accountable Care Collaborative (ACC) Program as a whole. Initial protocols utilize systems and data currently available while reflecting a commitment to continuous improvement.

Process

- Facilitate a meeting between a small number of CCB and RCCO representatives who volunteer to participate and represent their broader interests.
- Discuss contractual roles and responsibilities, common and differing elements of care coordination, and ways to work together to better serve their shared clients.
- Prepare a preliminary draft of protocols.
- Meet again or communicate electronically to review the draft, answer questions, and resolve outstanding issues.
- Revise the draft and share with broader constituencies for additional input and comment.
- Submit written protocols as recommendations to the Demonstration's Advisory Subcommittee and the Department of Health Care Policy and Financing (the Department).

Elements

The purpose of the protocols is to assist collaboration between CCBs and RCCOs to better serve their shared Medicare-Medicaid enrollees and Medicaid clients. These protocols foster the CCB and RCCO common aims of (1) improving health outcomes for individuals, (2) improving client experience through enhanced coordination and quality of care, and (3) decreasing unnecessary and duplicative services and resulting costs.

CCB and RCCO core activities include (1) identification of shared clients, (2) understanding coordination responsibilities, (3) prioritization of shared clients, (4) contact and communication, and (5) mutually agreed upon support functions.

Identification of Shared Clients

The following process will occur monthly with the CCB Case Management Director or designee and the RCCO Contract Manager or designee serving as the points of contact:

- The Statewide Data and Analytics Contractor (the SDAC) will provide each RCCO with a list of individuals currently enrolled in the RCCO who also receive home and community-based services (HCBS).

- The SDAC may use information such as targeted case management (TCM) claims data, provider number, and current procedural terminology (CPT) codes to determine access to case management services through the CCB over a rolling twelve-month period.

- To be compliant with the Health Insurance Portability and Accountability Act (HIPAA), the SDAC will provide a list to each RCCO that includes only the minimally necessary information for each individual: (1) Medicaid identification number, (2) last name, (3) first name, (4) date of birth, (5) county of residence, and (6) primary care medical provider (PCMP) if one is linked to the individual.

- Each RCCO Contract Manager or designee will sort the list by county and forward the list to the appropriate CCB Case Management Director or designee based on the CCB's county service area.

- CCBs and RCCOs will work together at a local level to identify clients who are Medicaid recipients but not identifiable by the SDAC (e.g., on wait lists, served by locally funded programs).

Understanding Coordination Responsibilities

- CCBs will continue to fulfill their contractual case management responsibilities for clients, most of whom are persons with developmental disabilities; these responsibilities include activities such as assisting clients in obtaining needed waiver services, community services, and public benefits; assisting clients in obtaining housing, food, dental and vision care, and behavioral intervention services; monitoring client health care needs; monitoring provided services; and making referrals to community services for clients with developmental disabilities on waitlists.

- Regional Care Collaborative Organizations will continue to fulfill their contractual responsibilities for clients, which include activities such as coordinating medical transportation; attending physician or specialist visits with the client as requested and appropriate; making referrals to sources for housing, food, and dental care; providing system navigation support for clients with behavioral and physical health conditions; establishing care plans for goals clients would like to achieve; connecting clients with medical homes; supporting clients in active engagement with care teams; and providing other client support as needed.

Prioritization of Shared Clients

- Regularly, but not less than quarterly, CCBs and RCCOs will prioritize shared clients based on each organization's knowledge of and experience with the clients.

- CCBs and RCCOs will schedule meetings to ensure that they organize coordination activities for the top tiers of clients appearing on each organization's priority list.

Contact and Communication

- As the client expresses choices in navigating service needs through the CCB, RCCO, or both, CCBs and RCCOs will incorporate the individual client's preferences whenever possible; discuss each priority client's care coordination needs; determine which organization fulfills the majority of those care coordination needs; ensure Medicaid waiver responsibilities for persons with disabilities are fulfilled by the appropriate contracted entity; identify which organization is responsible for primary care coordination, without jeopardizing any contractual requirements, and who interacts with the client the most; have additional conversations and engage other resources as needed (e.g., the client's family members, PCMP, behavioral health provider); and include the individual client's choices throughout the care coordination decision-making process.

- CCBs and RCCOs will use data analysis and client feedback as appropriate to identify trends or types of situations where care coordination works well and does not work well; consideration may include, but not be limited to, examining trends in areas such as health conditions or emergency room visit frequency.

- CCBs and RCCOs will utilize these discussions and trends to streamline care coordination activities in a way that maximizes client outcomes and permits the CCBs and RCCOs to apply resources effectively and efficiently.

- CCBs and RCCOs will consider assigning representatives from both organizations to shared clients in a way that facilitates conversations and activities between CCBs and RCCOs and with the individual clients.

Mutually Agreed Upon Support Functions

- CCBs and RCCOs will continue to explore additional ways to support each other and the clients they serve.

- Such collaboration activities may include but not be limited to RCCOs assisting clients on CCB waitlists, CCBs helping RCCOs to find and/or connect shared clients with a primary care medical home, and either CCBs or RCCOs referring clients not currently enrolled in but who may benefit from CCB or RCCO services.

Timeline

CCBs and RCCOs support the following timeline:

- Develop and share protocols with their broader constituencies (October-November 2012).
- Present protocols in preliminary draft form to the Demonstration's Advisory Subcommittee (December 2012).
- Conduct preliminary testing and make any necessary adjustments (January-May 2013).
- Present protocols in final draft form to the Demonstration's Advisory Subcommittee (June 2013).
- Recommend protocols to the Department (July 2013).
- Implement protocols (August 2013).
- Assess protocols quarterly (October 2013 and thereafter).